

What is EILP and who is at risk?

The Olympics are just around the corner and with them, we can expect to see an increase in people taking part in sports. Dr Rick Seah, Consultant in Sport & Exercise Medicine, discusses one of the most common injuries experienced by both amateur and professional players



It is estimated that 10 per cent or more of all musculoskeletal injuries in athletes affect the lower limb. Leg pain is common and tends to occur in the area between the knee and ankle. It is easy to see how this can happen as the legs are involved in virtually all physical activities: locomotion (e.g. walking, jogging, sprinting); weight-bearing (e.g. dancing or jumping) and sports (e.g. football, rugby, cricket).

There are different types of leg pain that can occur in sport. 'Shin splints' is the term members of the public are often familiar with. Although it is a phrase that generates instant recognition, it actually encompasses a number of separate diagnoses, so the phrase 'Exercise-Induced Leg Pain' (EILP) is preferred instead. There are multiple causes of EILP. Some involve the bones in the shin (the tibia and fibula), others the soft tissue surrounding it (muscles, ligaments, tendons, blood vessels and nerves).

Medial tibial stress syndrome, also known as 'periostitis', is the most common cause of EILP. This condition presents very commonly in endurance runners and is due to overstimulation of the tibial periosteum (the sensitive tissue that surrounds the bone). Typically this can cause pain while running, but often the pain continues after exercise. There may also be associated redness, tenderness and localised swelling.

Other common causes include muscle strains, tibial stress fracture, chronic compartment syndrome and tendinopathies. In cases of mild muscle strains where overstretching has caused a small amount of muscle fibre damage, the symptoms often settle quickly. The majority of other causes, however, often persist with symptoms lasting for much longer.

The key to managing EILP is receiving an accurate diagnosis so the treatment can be tailored to your injury. Taking a detailed medical history includes being asked when the symptoms first presented and if there was a specific traumatic injury. It is also useful to determine if the symptoms come on during or after exercise or linger overnight.



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Your specialist will perform a clinical examination to check for deformity or swelling, if it is painful to hop on the leg and if there is discolouration to the skin that may suggest vascular involvement. Imaging investigations, such as X-rays, ultrasound, MRI and isotope bone scans, can also be useful to correctly determine the cause of leg pain.

Treatment options may include rest, medication, physiotherapy, podiatry and gait analysis, anti-inflammatory injections. In some cases, there may be a surgical option for treatment, although this is less common for EILP.

In addition to treating the injury itself, it is also important to try to prevent subsequent injuries. Factors that may cause an injury to recur include: returning to sport too quickly, training on a particularly hard surface, poor nutrition, inadequate rest and overtraining. Follow any advice from your specialist carefully and allow yourself time to recover. ■

For further information or if you would like to arrange an appointment at The Wellington Hospital, please contact the Enquiry Helpline on 020 7483 5000 or visit thewellingtonhospital.com

MEET THE SPECIALIST

Dr. Rick Seah is a consultant in Sport & Exercise Medicine (SEM) who often treats athletes and patients with leg pain. He runs weekly musculoskeletal and sports injury clinics at the Wellington Hospital and the Institute of Sport, Exercise & Health. He is also an honorary consultant at University College London Hospitals NHS Foundation Trust. He was part of the LOCOG sports medicine team for the London 2012 Olympic & Paralympic Games.



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